June 27, 2011

Marlene H. Dortch, Secretary
Federal Communications Commission
445 Twelfth Street, SW
Washington, DC 20554

Re: ET Docket No. 08-59, Amendment of the Commission's Rules to Provide Spectrum for the Operation of Medical Body Area Networks

Dear Ms. Dortch,

On June 23, 2011, representatives of Philips Healthcare ("Philips"), GE Healthcare ("GE"), the Aerospace & Flight Test Radio Coordinating Council ("AFTRCC") and the American Society for Healthcare Engineering of the American Hospital Association ("ASHE") met with staff of the Commission's Office of Engineering and Technology ("OET"). The meeting participants are listed in the Attachment to this letter. In a brief telephone call the same day some of the same subjects were discussed by David Siddall with Rashmi Doshi, also of OET.

Participants at this meeting discussed discrete elements of the Joint Proposal submitted in this docket on January 13, 2011, by Philips, GE and AFTRCC (the "Joint Parties") as further discussed and refined in later filings. The discussion focused on the following subjects.

- Protection for radio astronomy quiet zones, including in particular the planetary research radar at Arecibo, P.R. The parties agreed to further research this issue for a later response.

- Potential for MBANS equipment that would operate only in the 2390-2400 MHz band. Philips and GE stated that such limited-use equipment should be permitted so long as it cannot operate below 2390 MHz without being authorized with an appropriate e-key.

- With regard to the proposal to require all MBANS devices to employ an unrestricted contention-based protocol, Philips and GE have agreed that such a requirement is unnecessary. They believe that all devices are likely to incorporate a mechanism to avoid interference among MBANS devices within medical facilities, but that future

technical developments may improve such capabilities and they do not wish to inadvertently inhibit development of innovative methods to make more intense use of the spectrum. The adequacy of protocols or other measures employed by MBANS devices to achieve a necessary level of communications reliability will be determined by MBANS vendors through the risk management activities involved with medical device design and is subject to oversight by the Food and Drug Administration.

- Philips and GE summarized the differences between semi- and automatic e-key configurations, emphasizing that automatic e-key deployment provides continuous and tight coupling between the MBANS coordinator and operation of MBANS devices at a healthcare facility and is for use in cases where such close control would facilitate use of spectrum. In addition, time-limited keys can provide assurance that operation will be only for a limited period of time before a key update issued by the MBANS coordinator will be necessary.

- Philips and GE also explained that MBANS devices will move out of the 2360-2390 MHz spectrum automatically when outdoors. When moving between buildings on a hospital campus, for example, the devices would limit themselves to 2390-2400 MHz spectrum as they leave a building, and upon entering another building could resume operation in the full 2360-2400 MHz spectrum when that building's beacon signal is received.

- With regard to possible transitions from mobile to inside a healthcare facility, such as from an ambulance to a hospital, a device could either commence operation on 2360-2400 MHz upon acquisition of the hospital's beacon signal or it could continue to operate only in 2390-2400 MHz once inside a healthcare facility.

- With regard to eligibility to employ MBANS devices, the parties agreed that vendors should be included.

- Clarification was made that the sequence for sub-bands to be used by MBANS, as contained in draft rule 95.1615 (g), is applicable when MBANS and AMT do not require access to the entire bandwidth and will facilitate compatibility.

- Proposed footnote US276 was discussed. The footnote is for the purpose of recognizing MBANS use in the 2360-2400 MHz band with regard to both Non-Government and Government allocations. It was suggested that a new footnote could be developed using the text supplied in the draft rules.

- Outdoor use also was discussed. The parties intend to ensure that the EIRP of MBANS devices not exceed the power prescribed in the draft rules. For this reason, they propose that no external antenna connector be permissible on MBANS equipment. This will ensure that radiated power remains the same as tested and that propagation analysis (which replaced the exclusion zones earlier proposed) is reliable.

- Finally, it was clarified that outdoor use in 2360-2390 MHz in cases of medical emergency envisages being limited to major emergencies when the injured may be gathered temporarily at an outdoor location during an emergency declared by governmental authorities. In such instances the MBANS coordinator would work on an emergency basis to issue appropriate e-keys to the MBANS devices, subject to emergency coordination with AFTRCC (the AMT coordinator).

Pursuant to Section 1.1206 of the Commission's Rules, this letter is being electronically filed in Docket ET 08-59 and emailed to all FCC staff participants. Questions may be directed to David Siddall at the address below.

Respectfully Submitted,

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Attachment: Attendees

ATTACHMENT

Attendees at FCC Meeting June 23, 2011

FCC Office of Engineering and Technology (OET)

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Jamison Prime
Brian Butler

Aerospace & Flight Test Radio Coordinating Council (AFTRCC)

Ken Keane (by phone)
Danny Hankins (by phone)
Wayne Morris (by phone)
Marc Ehudin (by phone)

GE Healthcare (GE)

Ari Fitzgerald
David Davenport (by phone)
Neal Seidl (by phone)

Philips Healthcare (Philips)

David Siddall
Delroy Smith (by phone)
Dong Wang (by phone)
Monisha Ghosh (by phone)

American Society for Healthcare Engineering of the American Hospital Association (ASHE)

Tim Cooney
Dale Woodin (by phone)
Larry Movshin (by phone)
Mark Gibson